

ANNUAL SUBRECIPIENT CONTRACT DETAIL
BY PARENT
FOR THE FISCAL YEAR ENDED 6/30/05

PARENT NAME Claiborne County Hospital

Parent Record # 6881

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
Claiborne County Hospital	Z05024032	CLAIBORNE COUNTY HOSPI	34349	103	D	4/27/2005	23,600.00
Summary for 'REF DOC NUMBER' = Z05024032 (1 detail record)							
Total for Z05024032							23,600.00